WHAT HARM DOES BULLYING DO?

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Introduction

The considerable spate of literature on bullying in recent years exhorting us to wage war on bullying is based upon the assumption that bullying does a significant amount of harm. Not everyone believes this. Perhaps this is not surprising.

For many people bullying has not figured in their lives to any troublesome degree. Many men and women who were bullied at school have largely forgotten about it and have become preoccupied with something else. Occasionally, one meets somebody who is inclined to brag about being bullied at school and how through some supreme act of heroism he (usually he) managed to turn the tables on the bastard. One gentleman I know wrote to a West Australian newspaper to say that he had been bullied at school as a skinny little kid, but had responded by building up his strength and determination and, behold he was now heavy weight boxing champion of Canada. Bullying, he proclaimed, can do you good.

Moreover, there is at large a good deal of scarcely veiled contempt for the wimpish kid who allows himself or herself to be bullied. Hence for one reason or another, there remains a certain resistance to the proposal that bullying should be stopped on the grounds that it does significant harm to people. Scepticism about the negative effects of bullying may well extend to those who have the power to act so as to counter bullying in schools and beyond.

Hence, it is important to address the question: what harm does bullying actually do?

Definition of bullying

A generally acceptable definition of bullying is as follows: “Bullying is repeated oppression, psychological or physical of a less powerful person by a more powerful person or group of persons” (Rigby, 1996).

Note that this definition is different from a more general description of aggression or violence. It incorporates the notion that for bullying to occur there is an imbalance of power between the perpetrator(s) and victim(s). Bullying does not refer simply to conflict between people of equal power.

An imbalance of power may take different forms; for example, the imbalance may be related to differences in physical strength, the capacity to dominate another person verbally, or to exclude people from groups. Note also that bullying typically refers to repeated aggression, or at least an expectation that the aggression will be repeated.

Bullying as a process

Although anybody can become a victim of bullying in some circumstances, it is clear that some persons are more liable to be bullied than others. Most of the research on victims of bullying has been conducted in schools and, in this paper, I shall be concerned with bullying among school children. (For an examination of the effects of bullying in the workplace, see Tim Field’s extensive contribution on the internet: http://www.successunlimited.co.uk/). At school, children who are most likely to be bullied by peers are readily identifiable, being physically weak (especially if they are Primary school boys), relatively introverted, socially unskilled and unassertive and with few, if any, friends (Olweus, 1993, Rigby, 1996).

We can usefully conceptualise bullying as a process or cycle of events, as in Figure 1.
A child is seen as a potential victim. He or she is targeted by another more powerful child or group of children who are motivated to engage in bullying at school. It is not part of this paper to discuss why such children are motivated to bully, but it is worth mentioning in passing that the experience of having neglectful or domineering parents plays a part (see Rigby, 1993, 1994) as does the actual ethos of a school – there are large differences between the prevalence of bullying in different schools (Rigby 1997). Whatever the reason, there is no doubt that some children do plan to hurt, undermine and humiliate those whom they can, and do so in a variety of ways, commonly physically in Primary School; more often verbally and indirectly through social manipulation in Secondary School.
Prevalence

Many studies have now been conducted on the nature and prevalence of bullying in schools throughout the world (see Smith et al., 1998). The figures from Australian studies suggest that bullying is relatively high. Based upon extensive surveys of more than 38,000 Australian school children it appears that at least 50% of children have experienced being bullied at school and approximately one child in six is bullied at least weekly by another child or group of students (Rigby, 1997). The majority of these report that they feel angry or sad and feel worse about themselves afterwards. In some cases, the cycle continues for weeks, months and even years; the “bullies” appear to enjoy a sense of dominance and in many schools they are openly admired for achieving such dominance.

We should nevertheless recognise that sometimes victimised children do manage to overcome their problem. Some learn to cope with pressure more effectively by becoming more assertive (or more nonchalant); by making friends and by avoiding trouble spots. Sometimes schools manage to stop some children from bullying. Some bullies grow out of it. But it is clear that for many children for short or long periods in their lives at school being bullied is a major stressor.

Stress

Bullying is stressful in a number of ways. A bullied person is commonly being subjected to aversive stimulation through verbal disparagement, threats, exclusion and sometimes physical abuse. For long periods of time he or she is unable to avoid or escape such negative treatment. Typically, it is difficult or impossible to call on sources of support. These are conditions which have been widely reported as inducing stress reactions, such as anxiety, depression and lowered immunity to illness (Cox, 1995). There are then a priori reasons for expecting a relationship between the frequency or intensity of being bullied at school and subsequent deterioration in mental and physical health.

How may bullying be harmful?

It has been claimed that bullying may harm children in a number of ways:

1. Victimisation by peers may result in children becoming less able or less inclined to relate positively to the school and to other students; for example, it is claimed that some children absent themselves from school because of the fear of being bullied.

2. It may affect the capacity of some students to concentrate at school and acquire the knowledge and skills being imparted at the school.

3. It may affect the health of some children, both mentally and physically, in both the short term and the long term.

Evidence of harm.

The evidence that children are harmed by being bullied by peers has been suggested on the basis of evidence of different kinds:

Anecdotal evidence and single case studies. Much of the evidence that has been provided is in fact based upon anecdotes and case studies. These are sometimes reported in newspapers and on the Internet. Such evidence is difficult to evaluate because the instances cited may be exceptional or unrepresentative. It is often difficult to know whether certain catastrophic
events such as suicide attempts were induced by peer victimisation or by other factors. However, the sheer quantity of reports of children being seriously disturbed after experiencing severe victimisation makes it difficult for one to dismiss such evidence entirely.

Survey studies based on self-reports These typically make use of questionnaires in which bullying is carefully defined and students in schools are asked to report on the nature and frequency of the bullying they have experienced over a specified period of time. Measures of physical and mental health may also be taken and the results correlated with levels of reported victimisation.

A good number of such studies have been done overseas and in Australia (see attached references). For example, in a study reported in the British Medical Journal, Williams et al. (1996) interviewed a sample of Primary School children to ascertain whether they had recently been bullied by their peers and whether they showed symptoms of ill health. The bullied children were significantly more likely to report having headaches and stomach aches.

In an Australian study published in the Journal of Health Psychology in 1998, I reported on the health correlates of reported peer victimisation among Secondary school students, over 400 male and 350 female students, mean age, 14 years. Using the widely employed General Health Questionnaire (the GHQ), the results indicated that the students identified as frequently victimised (at least once a week) were significantly more likely than children uninvolved in bully/victim problems to show high levels of anxiety, social dysfunction, depression as well as various somatic symptoms (Rigby, 1998c). They were also more likely to score high on a measure of general health complaints such as headaches, sore throats and mouth sores. It was suggested that these results were consistent with the view that the stress of being bullied continually may have lowered an immunity to infection.

A caveat

Although the findings from such studies have been highly consistent (see Olweus, 1978; Rigby and Slee, 1993; Williams et al., 1996, Mynard and Joseph, 1997; Zubrick et al., 1997 Kumpulainen et al,1998) they may be criticised on the ground that the measures of peer victimisation and well-being are all derived from self-reports of students. It may be that students who indicate that they are being frequently bullied at school AND feel unwell are students who are generally inclined to complain both about themselves and their circumstances. A better study would be one in which measures of peer victimisation and well-being are derived from different sources; for example, one basing estimates of peer victimisation on the judgements of peers. One such study has been done in Australia in an attempt to discover whether there is a reliable association between peer victimisation and suicidal ideation. (Rigby, 1998d).

A study of peer identified bullying and suicidal ideation

Secondary school students for whom parental approval had been obtained (N = 845) were included in this study. There was a high level of consensus about who in the class was being bullied frequently. (Results from peer judgements correlated significantly with self-reports of being victimised). The measure of suicidal ideation was derived from 4 items on the GHQ, for example: “I felt that life wasn’t worth living”; “I found myself wishing I was dead and away from it all”. This measure proved to be internally highly reliable (alpha = .92). As predicted, those children who were identified as having been bullied frequently – by peer judgements as
well as self judgements – were significantly more likely to score high on suicidal ideation. (It is worth adding too that students identified as “bullies” also had significantly higher suicidal ideation scores than others).

However, there is one further and more damaging criticism that can be made of such studies: that is, it is not possible to infer the direction of any suggested causal connection. It may be that being unwell tends to elicit bullying behaviour from others. Indeed, one recent American longitudinal study with Primary School children has produced evidence that having low self-esteem may encourage bullying (Egan, and Perry,1998). Hence better evidence is needed to support any causal interpretation.

Retrospective studies

The simplest kind of study which may throw some light upon whether a causal interpretation is reasonable is one in which students are simply asked how they have reacted or felt after being bullied at school. Here are some examples from an Australian study in which secondary school students were asked to say how they felt after being bullied at school (Rigby, 1998b):

- Not feeling well, not wanting to eat or do anything.
- Injuries to arms and legs and ankles
- Make me feel even worse than I could already be
- Nervousness, worrying, loss of sleep, sick and scared feeling in the stomach
- I've felt dizzy like I was going to faint or something
- Getting very depressed, staying home, vomiting attempting suicide
- I just hated school and everything in it so bad that the thought of coming here made me sick and vomit.
- Headaches, hay fever, vomiting
- Can't sleep, tiredness
- Stomach aches, feeling sick every morning about going to school because of bullying.
- Stressed out and upset
- I've been depressed and lonely.
- Tense, headaches nauseas, all that crap. Bullying sux, that's all there is to it.

Whether such evidence is convincing depends upon one’s judgements about whether the students were in fact making valid causal attributions, or whether they had perhaps wrongly assumed that their distress was a consequence of ill treatment from others. One might also concede that such evidence is highly selective. The judgements of students who were bullied but provided no evidence of being harmed was not elicited.

To some extent such a bias may be addressed by asking students to say whether specified consequences of being bullied have been negative or positive or neither of these: for example, whether they have felt better, worse or much the same after being bullied. In one Australian study, it was reported that whilst a substantial proportion of students give answers suggesting a loss of self esteem, many seem unaffected and a small proportion indicate that they felt better about themselves, possibly because they had passed through some sort of initiation or believed that they have learned how to cope with such a situation. (Rigby, 1997) However, with additional increments or “doses” of reported victimisation the proportion of students reporting a loss of self-esteem became ever greater.
There is further quantitative data based upon student reports that they have stayed away from school as a result of bullying. In one large scale study of bullying employing the Peer Relations Questionnaire (the PRQ) with over 38,000 Australian students, some 6% of boys and 9% of girls reported that they had stayed away from school at least once because of bullying (Rigby, 1998e). Similar figures have been obtained in surveys of Australian parents reporting on their own children.

Still, we must take into account the fact that these results are based upon retrospective report only. It is possible that some respondents may be simply responding according to what might seem to them a reasonable (though false) explanation for feeling low or staying at home: that is, they assumed being bullied was the reason for how they or their children felt or behaved.

**Longitudinal studies**

Clearly longitudinal studies are the most preferable way of exploring possible causal effects linking bullying with health consequences. I am aware of four such studies: those conducted in Norway (Olweus, 1992); in the USA Kochenderfer & Ladd, 1996, and Egan, and Perry, 1998); and in Australia (Rigby, 1999a). This last study appears to be the only longitudinal study undertaken with adolescents in secondary schools.

The Australian study, published in the *British Journal of Educational Psychology* (Rigby, 1999a), examined the possible health effects of bullying on secondary school students who reported relatively high levels of peer victimisation in the first two years of high school. The respondents included 43 boys and 35 girls who completed internally reliable multi-item measures of physical and mental health in 1994 as junior students and again three years later as senior students. Regression analyses indicated that being victimised repeatedly according to self-reports in 1994 significantly predicted scores indicating relatively poor mental and physical health in 1997 – after controlling for (i) level of reported health in 1994 (ii) degree of reported bullying in 1997 and (iii) the gender of the respondent (see Table 1).

**Table 1**

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<tr>
<th>Scales</th>
<th>Predicting GHQ in 1997</th>
<th>Predicting PCS in 1997</th>
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<td>Beta</td>
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<td># Health # 1994</td>
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<td>Victim 1994</td>
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<td>Victim 1997</td>
<td>.20</td>
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<td>&lt; .05</td>
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<td>Multiple R</td>
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<td>F ratio</td>
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<td>df</td>
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Note: Either the GHQ or PCS was used, to correspond with the dependent variable (Rigby, 1999, p 101)
Other uncontrolled factors

We must still bear in mind that other factors associated with a proneness to be victimised by peers may explain the apparent causal connection. One such factor is relations with parents. Arguably, unsatisfactory relations with parents may not only produce negative effects on the mental and physical health of children but also (incidentally) be associated with a greater proneness to be victimised. John Bowlby (1969) was one of the first to stress the paramount importance of parental bonding and the unfortunate consequences for the social and mental health of children if they did not enjoy the loving care of nurturant parents. In recent times, this so-called “nurture assumption” has been disputed, for example by Harris (1998).

A recent study in South Australia suggests that Bowlby may have been right in arguing that unsatisfactory child/parent relations may induce poor mental health in children, but seemingly incorrect in thinking that it is possible to explain away bullying effects as really deriving from an association with poor parental bonding. In a recent study (Rigby, 1999b) conducted with secondary students (N = 1432), it was evident that for both males and females, peer victimisation was related to poor mental health AFTER taking into account low perceived parental care and also high levels of perceived parental over control, that is the two factors identified by Parker, Tupling and Brown (1969) as indicating inadequate parental bonding. (See Figure 2).

**Figure 2 : Relationships between Parent Care, Parent Overcontrol, Peer Victimization and Mental Health**

Results from Multiple Regression Analyses

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<th>Boys</th>
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Note: Coefficients are standardised beta; significance is indicated as follows: ** = p < .01; *** = p < .001; ns = not significant at the .05 level
What has not yet been done is to establish firmly the case through longitudinal studies that bullying has specific mental health consequences - after controlling for measures of parental bonding. It would also be useful to include two other variables in such a longitudinal study, each of which appears to be related to both peer victimisation and mental health, that is, psychological introversion and degree of social support (Rigby, 1999, in press).

**Summing up**

In summary, a variety of different kinds of studies have provided support for the view that being victimised at school has significant health consequences. First, if we grant that for many children being bullied at school frequently and continually constitutes a severe stressor, it would seem extremely likely that a proportion of students (around 1 in 10) would suffer some impaired mental or physical health, short or long term, as a result of bullying. The empirical evidence is highly consistent, though as we have seen each type of study can be criticised from the point of view of establishing causal connections. This may even include longitudinal studies which do not include variables that could lead to alternative and more plausible conclusions.

Perhaps surprisingly, little work has been done, to my knowledge, to determine whether bullying tends to have adverse effects on the capacity of children to develop academically. It seems likely that some children who were being bullied would find it hard to concentrate in a personally threatening school environment and that their school work would suffer. Furthermore, studies indicating that many children stay away from school because of bullying might lead us to suppose that such children could fall even further behind. On the other hand, it may be that at least some of these children spend more time in the sanctuary of libraries and become more bookish than their peers – and achieve better results academically, probably at the expense of their social development. More research is needed to confirm these speculations.

In conclusion, if we wish to counter bullying in schools, it is important to press ahead with more rigorous and sophisticated studies of the potential harm that bullying does. There is still a considerable reluctance on the part of some educational authorities and schools to recognise that the mental and physical health of many children is jeopardised by their being exposed to continual – and often preventable – bullying by peers. Many educational authorities still need convincing. We know from a growing number of studies evaluating well-planned interventions to reduce bullying in schools that substantial reductions in school bullying can be achieved. (For a comprehensive survey of methods, see url: http://www.indigenet.unisa.edu.au/bullying/). It seems very likely indeed that the reductions would be accompanied by considerable minimisation of personal and social harm.
References and bibliography


